

02 FEB 2006

70/530-91

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION☒ Original☐ Supplemental☐ Substitute

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

METHODS TO PREDICT EDEMA AS A SIDE EFFECT OF DRUG TREATMENT

the specification of which:

☐ is attached hereto.☐ was filed on _____ as Application No. _____
(day/month/year)

and, if this box (☐) contains an *

☐ was amended on _____
(day/month/year)☒ was filed as Patent Cooperation Treaty international Application No.

PCT/EP 03/11377 on 14.10.2003
(day/month/year)

and, if this box (☐) contains an *

☐ entered the national stage in the United States and was accorded Application No. _____

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I hereby claim the benefit under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate listed below and under 35 U.S.C. 365(a) of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	PRIORITY CLAIMED	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NO.	FILING DATE (day/month/year)
60/418,556	15.10.2002

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Full name of sole
or first joint inventor

Marlene Michelle DRESSMAN

Inventor's signature

Marlene Dressman

Date _____

2/6/05
(day/month/year)

Residence

Germantown, MD 20874, USA

Citizenship

USA

Post Office Address

**18005 Red Rocks Drive
Germantown, MD 20874
USA**

Full name of second
joint inventor, if any

Sridhar KUDARAVALLI

Inventor's signature

Date _____

(day/month/year)

Residence

Chicago, IL 60615, USA

Citizenship

India

Post Office Address

**1401 E. Hyde Park Blvd, Apt. 405
Chicago, IL 60615
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Full name of third
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Inventor's signature _____ Date _____
(day/month/year)

Residence **Pittsburgh, PA 15206, USA**

Citizenship **USA**

Post Office Address **6351 Walnut Street, Apt. 9
Pittsburgh, PA 15206
USA**

Full name of fourth
joint inventor, if any **Lee Anne MC LEAN**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Medway MA 02053, USA**

Citizenship

Post Office Address **11 Maple Street
Medway, MA 02053
USA**

Full name of fifth
joint inventor, if any **Mihael Hristos POLYMEROPOULOS**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Potomac, MD 20854, USA**

Citizenship **USA**

Post Office Address **11300 Ridge Mist Terrace
Potomac, MD 20854
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107530391**DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION**☒ Original☐ Supplemental☐ Substitute

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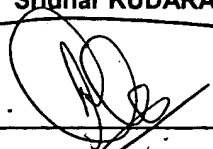
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Residence **Germantown, MD 20874, USA**

Citizenship **USA**

Post Office Address **18005 Red Rocks Drive
Germantown, MD 20874
USA**

Full name of second
joint inventor, if any **Sridhar KUDARAVALLI**

SW
Inventor's signature  _____ Date **10/5/05**
(day/month/year)

Residence **Chicago, IL 60615, USA** *USA*

Citizenship **India**

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Full name of third joint inventor, if any **Rachel Helene MALINOWSKI**

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Residence **Pittsburgh, PA 15206, USA**

Citizenship **USA**

Post Office Address **6351 Walnut Street, Apt. 9
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Full name of fourth joint inventor, if any **Lee Anne MC LEAN**

Inventor's signature _____ Date _____
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Residence **Medway MA 02053, USA**

Citizenship

Post Office Address **11 Maple Street
Medway, MA 02053
USA**

Full name of fifth joint inventor, if any **Mihael Hristos POLYMERPOULOS**

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Residence **Potomac, MD 20854, USA**

Citizenship **USA**

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USA**

10/530391
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Full name of third
joint inventor, if any

Rachel Helene MALINOWSKI

34
Inventor's signature

Rachel H Malinowski

Date

11 / Apr / 05
(day/month/year)

Residence

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USA

Citizenship

USA

Post Office Address

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Lee Anne MC LEAN

Inventor's signature

Date

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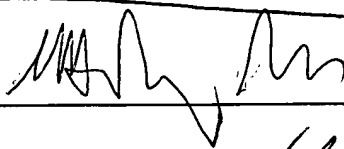
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If this box (☐) contains an x ☒, I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from Corporate Intellectual Property of Novartis International AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please send all correspondence relating to this application to the address associated with Customer No. 001095.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole
or first joint inventor **Marlene Michelle DRESSMAN**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Germantown, MD 20874, USA**

Citizenship **USA**

Post Office Address **18005 Red Rocks Drive
Germantown, MD 20874
USA**

Full name of second
joint inventor, if any **Sridhar KUDARAVALLI**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Chicago, IL 60615, USA**

Citizenship **India**

Post Office Address **1401 E. Hyde Park Blvd, Apt. 405
Chicago, IL 60615
USA**

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Full name of third
joint inventor, if any **Rachel Helene MALINOWSKI**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Pittsburgh, PA 15206, USA**

Citizenship **USA**

Post Office Address **6351 Walnut Street, Apt. 9
Pittsburgh, PA 15206
USA**

HA Full name of fourth
joint inventor, if any **Lee Anne MC LEAN**

Inventor's signature *[Signature]* _____ Date **14/04/05**
(day/month/year)

Residence **Medway MA 02053, USA** *USA*

Citizenship

Post Office Address **11 Maple Street
Medway, MA 02053
USA**

Full name of fifth
joint inventor, if any **Mihael Hristos POLYMERPOULOS**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Potomac, MD 20854, USA**

Citizenship **USA**

Post Office Address **11300 Ridge Mist Terrace
Potomac, MD 20854
USA**